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## FACSIMILE TRANSMITTAL SHEET

**TO:** Examiner Joseph M. Pellham – Group Art Unit: 3742

**FIRM/COMPANY:** U.S. Patent and Trademark Office

**FACSIMILE NUMBER:** 703.872.9306

**CONFIRMATION TELEPHONE:** 703.308.0858 (Receptionist) or  
703.308.1709 (Examiner)

**FROM:** Anne Marie Leavy for Edward J. Lynch

**DIRECT DIAL:** 415.371.2217

**DATE:** January 20, 2005

**USER NUMBER:** 5121

**FILE NUMBER:** Docket No. R0367-01601

**TOTAL # OF PAGES:** 11  
(INCLUDING COVERSHEET)

**MESSAGE:** Attached is a Third Preliminary Amendment in connection with patent application Serial No. 10/658,911, filed September 10, 2003.

*Please confirm receipt of this facsimile.*

NOTE: Original will NOT follow

### CONFIDENTIALITY NOTICE

THIS FACSIMILE TRANSMISSION IS PRIVILEGED AND CONFIDENTIAL AND IS INTENDED ONLY FOR THE REVIEW OF THE PARTY TO WHOM IT IS ADDRESSED. IF YOU HAVE RECEIVED THIS TRANSMISSION IN ERROR, PLEASE IMMEDIATELY TELEPHONE THE SENDER ABOVE TO ARRANGE FOR ITS RETURN, AND IT SHALL NOT CONSTITUTE WAIVER OF THE ATTORNEY-CLIENT PRIVILEGE.

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JAN 20 2005

## PATENT

## IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of *Burbank et al.*For: **TISSUE SITE MARKERS FOR IN VIVO  
IMAGING**

Serial No.: 10/658,911

Filed: September 10, 2003

Atty. Docket No.: R0367-01601

) Prior Application Examiner:  
J. Pelham) Prior Application Group Art  
Unit: 3742) **TRANSMITTAL**

## CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (703) 872-9306, addressed to Prior Application Examiner J. Pelham, at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on January 20, 2005, in San Francisco, CA.

Anne Marie Leavy

Commissioner for Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

1. Transmitted herewith for filing in the above-identified patent application is an Third Preliminary Amendment.

2. Claim Fee Calculation

No additional claim fee is required.

☒ Amendment increases number of claims or multiple dependencies.

## Additional Claim Fee Calculation

Description	Fee Code	Claims	Extra	Rate	Fee
Independent Claims	2201	7 - 3 =	4 x	\$100=	\$100
Total Claims	2202	33 - 20 =	13 x	\$25=	\$325

Total Fees Due..... \$425

3. Payment of Fees

Enclosed is a check for the total fees due in the amount of \_\_\_\_\_.

☒ The Commissioner is authorized to charge any additional fees and to credit any overpayment of fees which may be required under 37 C.F.R. §1.16 or §1.17, to Deposit Account No 04-1679, referencing Atty. Docket No. R0367-01601.  
A duplicate copy of this document is enclosed.

By

Edward J. Lynch

Registration No. 24,422

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SF69233.1

JAN 20 2005

PATENT

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

In re the application of  
Burbank et al.

For: TISSUE SITE MARKERS FOR  
IN VIVO IMAGING

Serial No.: 10/658,911

Filed: September 10, 2003

Docket No.: R0367.01601

) Prior Application Examiner: J. Pelham

) Prior Application Group Art Unit: 3742

) THIRD PRELIMINARY AMENDMENT

CERTIFICATE OF MAILING/FACSIMILE PURSUANT TO 37 C.F.R. §1.8

I hereby certify that this these papers are being sent by facsimile to (703) 875-9396, addressed to Prior Application Examiner J. Pelham, at Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22312-1450, on January 20, 2005, in San Francisco, CA.

Anne Marie Leary

Commissioner of Patents  
P.O. Box 1450  
Alexandria, VA 22313-1450

Dear Sir:

Please amend the above-identified application before examination as indicated below: